

In California, there are several kinds of adoption. Learn about stepparent/domestic partner adoptions on page 1, and independent, agency, and international adoptions on page 2.

Stepparent/Domestic Partner Adoptions

If you want to adopt your stepchild or the child of your domestic partner, fill out and file the forms listed below. You can get them from the court clerk or from the California Courts Self-Help Web site: www.courtinfo.ca.gov

1 Fill out court forms.

- | | | |
|------------------------------------|--------------------|--|
| <input type="checkbox"/> ADOPT-200 | Adoption Request | This tells the judge about you and the child you are adopting. |
| <input type="checkbox"/> ADOPT-210 | Adoption Agreement | This tells the judge that you and the child, if over 12, agree to the adoption. Fill it out, but do not sign it until the judge says so. |
| <input type="checkbox"/> ADOPT-215 | Adoption Order | The judge signs this form if your adoption is approved. |

2 Take your forms to court.

Take the completed forms to the court clerk in the county where you live. The court will charge a filing fee. Or, if you have a lawyer or are using an agency, take the forms to them.

3 The social worker writes a report.

In every adoption, a social worker writes a report. This report gives important information to the judge about the adopting parents and the child. The social worker will ask you questions. You may have to fill out forms. The social worker will file the report with the court and send you a copy. When you get the report, ask the clerk for a date for your adoption hearing.

4 Go to court on the date of your hearing.

Bring:

- ☐ The child you are adopting
- ☐ Form ADOPT-210
- ☐ Form ADOPT-215
- ☐ A camera, if you want a photo of you and your child with the judge
- ☐ Friends/relatives

Independent, Agency, or International Adoptions

If this is an independent, agency, or international adoption, fill out and file the forms below. You can get them from the court clerk or from the California Courts Self-Help Web site: www.courtinfo.ca.gov

1 Fill out and file court forms.

- | | | |
|------------------------------------|--------------------|--|
| <input type="checkbox"/> ADOPT-200 | Adoption Request | This tells the judge about you and the child you are adopting. |
| <input type="checkbox"/> ADOPT-210 | Adoption Agreement | This tells the judge that you and the child, if over 12, agree to the adoption. Fill it out, but do not sign it until the judge says so. |
| <input type="checkbox"/> ADOPT-215 | Adoption Order | The judge signs this form if your adoption is approved. |
| <input type="checkbox"/> ADOPT-230 | Adoption Expenses | This tells the judge about all your adoption expenses. |

2 The social worker writes a report.

In every adoption, a social worker writes a report. This report gives important information to the judge about the adopting parents and the child. The social worker will ask you questions. You may have to fill out forms. The social worker will file the report and send you a copy. When you get the report, ask the clerk for a date for your adoption hearing.

3 Go to court on the date of your hearing.

Bring:

- ☐ The child you are adopting
- ☐ Form ADOPT-210
- ☐ Form ADOPT-215
- ☐ Form ADOPT-230
- ☐ A camera, if you want a photo of you and your child with the judge
- ☐ Friends/relatives

4 Is this an “open” adoption?

If you want your child to have contact with his or her birth family, fill out ADOPT-310, which asks for an open adoption.

5 If you are adopting an Indian child...

Also fill out and bring:

- ☐ Form ADOPT-220 Adoption of Indian Child
- ☐ Form ADOPT-225 Parent of Indian Child Agrees to End Parental Rights

ADOPT-200 Adoption Request

Clerk stamps below when form is filed.

If you are adopting more than one child, fill out an adoption request for each child.

1 Your name(s) (adopting parent(s)):

a. _____

b. _____

Relationship to child: _____

Your address:

Street: _____

City: _____ State: _____ Zip: _____

Your phone #: (____) _____

Your lawyer (if you have one): (Name, address, phone #, and State Bar #):

Court name and street address:

Superior Court of California, County of

Case Number:

2 Type of adoption: (Check one)

☐ Agency (name): _____

☐ Relative

☐ Independent

☐ International (name of agency): _____

☐ Stepparent/Domestic Partner

3 Information about the child:

a. The child's new name will be: _____

e. Place of birth (if known):

City: _____

State: _____ Country: _____

b. ☐ Boy ☐ Girl

c. Date of birth: _____ Age: _____

f. If the child is 12 or older, does the child agree to the adoption? ☐ Yes ☐ No

d. Child's address (if different from yours):

Street: _____ City: _____ State: _____ Zip: _____

4 Child's name before adoption (Fill out ONLY if this is an independent, relative, or stepparent/domestic partner adoption.): _____

5 Does the child have a legal guardian? ☐ Yes ☐ No

If yes, attach a copy of the Letters of Guardianship and fill out below:

a. Date guardianship ordered: _____

b. County: _____

c. Case number: _____

6 Is the child a dependent of the court? ☐ Yes ☐ No

If yes, fill out below:

Juvenile case number: _____

County: _____

(To be completed by the clerk of the superior court if a hearing date is available.)

Hearing is set for:

Hearing Date

Date: _____ Time: _____

Dept.: _____ Room: _____

Name and address of court if different from above:

To the person served with this request: If you do not come to this hearing, the judge can order the adoption without your input.



Your name(s): _____

- 7 Child may have Indian ancestry: ☐ Yes ☐ No
If yes, attach Form ADOPT-220, Adoption of Indian Child.

- 8 If this is an Agency Adoption:

- a. I/We have received information about the Adoption Assistance Program, Regional Center, and mental health services available through Medi-Cal or other programs. ☐ Yes ☐ No
- b. All persons with parental rights agree the child should be placed for adoption by the California Department of Social Services or a licensed adoption agency (Fam. Code, § 8700) and have signed a *Relinquishment* form approved by the California Department of Social Services except:

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

- 9 If this is an Independent Adoption:

- a. A copy of the Adoptive Placement Agreement is attached. (Required in most independent adoptions; see Fam. Code, § 8802.)
- b. I/We will file promptly with the department or delegated county adoption agency information required by the department in the investigation of the proposed adoption. ☐ Yes ☐ No
- c. All persons with parental rights agree to the adoption and have signed the Adoptive Placement Agreement *Consent to Adoption* on a form approved by the California Department of Social Services except:

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

- 10 If this is a Stepparent/Domestic Partner Adoption:

- a. The birth parent is ☐ in state ☐ out of state
(If out of state and unable to sign in the presence of the required official, the parent may sign his or her consent before a notary. (Fam. Code, § 9003 (b).))
- b. Adopting parents married: _____ (date) OR Domestic partnership registered: _____ (date).
 (This does not affect the social worker's recommendation. Information is for court only. There is no waiting period.)

- 11 ☐ There is no presumed or biological father because the child was conceived by artificial insemination using semen provided to a medical doctor or a sperm bank. (Fam. Code, § 7613.)

- 12 Form ADOPT-310, *Contact After Adoption Agreement*:

- ☐ Is attached ☐ Will not be used ☐ Will be filed at least 30 days before the adoption hearing
☐ Undecided at this time

- 13 Name of birth parents if you know:

a. _____ (mother)

b. _____ (father)

- 14 ☐ The consent of the ☐ birth mother ☐ presumed father is not necessary because (specify Fam. Code, § 8606 subdivision): _____

Your name(s): _____

- 15** A court ended the parental rights of:
- Name: _____ Relationship to child: _____
- Name: _____ Relationship to child: _____

- 16** ☐ I/We will ask the court to end the parental rights of:
- Name: _____ Relationship to child: _____
- Name: _____ Relationship to child: _____

- 17** Each of the following persons with parental rights has not contacted his or her child in one year (Fam. Code, § 8604(b)):
- Name: _____ Relationship to child: _____
- Name: _____ Relationship to child: _____

- 18** Each of the following persons with parental rights has died:
- Name: _____ Relationship to child: _____
- Name: _____ Relationship to child: _____

- 19** Suitability for Adoption:
- Each adopting parent:
- a. Is at least 10 years older than the child
 - b. Will treat the child as his or her own
 - c. Will support and care for the child
 - d. Has a suitable home for the child *and*
 - e. Agrees to adopt the child.

- 20** I/We ask the court to approve the adoption and to declare that the adopting parent(s) and the child have the legal relationship of parent and child, with all the rights and duties of this relationship, including the right of inheritance.

- 21** If a lawyer is representing you in this case, he or she must sign here:

Date: _____ *Type or print your name* ▶ _____
Signature of Attorney for Adopting Parent

- 22** I declare under penalty of perjury under the laws of the State of California that the information in this form is true and correct to my knowledge. This means if I lie on this form, I am guilty of a crime.

Date: _____ *Type or print your name* ▶ _____
Signature of Adopting Parent

Date: _____ *Type or print your name* ▶ _____
Signature of Adopting Parent

ADOPT-210 Adoption Agreement

Clerk stamps date here when form is filed.

1 Your names (*adopting parents*):

a. _____

b. _____

Relationship to child: _____

Your address (*skip this if you have a lawyer*):

Street: _____

City: _____ State: _____ Zip: _____

Your phone number: (____) _____

Your lawyer (*if you have one*): (Name, address, phone number, and State Bar number): _____

Fill in court name and street address:

Superior Court of California, County of

Fill in case number:

Case Number:

2 Child's name:

Before adoption: _____

After adoption: _____

Date of birth: _____ Age: _____

3 I am the child listed in **2** and I agree to the adoption.

Date: _____

Type or print your name

Signature of Child (child must sign at hearing if 12 or older; optional if child is under 12)

4 If only **one adopting parent**, read and sign below:

a. I am the adopting parent listed in **1**, and I agree that the child will:

(1) Be adopted and treated as my legal child (Fam. Code, § 8612(b)); and

(2) Have the same rights as a natural child of mine, including the right of inheritance.

Date: _____

Type or print your name

Signature of Adopting Parent (sign at hearing)

b. I am the spouse or state-registered domestic partner of the adopting parent listed in **1**, and I agree to his or her adoption of the child.

Date: _____

Type or print your name

Signature of Spouse or State-Registered Domestic Partner

Your name: _____

5 If *two adopting parents*, read and sign below:We are the adopting parents listed in **①**, and we agree that the child will:

- (1) Be adopted and treated as our legal child (Fam. Code, § 8612(b));
- (2) Have the same rights as a natural child of ours, including the right of inheritance;

and I agree to the other parent's adoption of the child.

Date: _____

Type or print your name_____
Signature of Adopting Parent (sign at hearing)

and I agree to the other parent's adoption of the child.

Date: _____

Type or print your name_____
*Signature of Adopting Parent (sign at hearing)***6** For *stepparent/domestic partner* adoptions only:If you are the legal parent of the child listed in **②**, read and sign below:I am the legal parent of the child and the spouse or state-registered domestic partner of the adopting parent listed in **①**, and I agree to his or her adoption of my child.

Date: _____

Type or print your name_____
*Signature of Legal Parent (sign at hearing)***7** Executed:

Date: _____

_____
Judge (or Judicial Officer)

ADOPT-215 Adoption Order

Clerk stamps date here when form is filed.

1 Your names (*adopting parents*):

a. _____

b. _____

Relationship to child: _____

Your address (*skip this if you have a lawyer*):

Street: _____

City: _____ State: _____ Zip: _____

Your phone number: (____) _____

Your lawyer (*if you have one*): (Name, address, phone number, and State Bar number): _____

Fill in court name and street address:

Superior Court of California, County of _____

Fill in case number:

Case Number: _____

2 Child's name after adoption: _____

Date of birth: _____ Age: _____

City: _____ State: _____ Country: _____

3 Name of adoption agency: _____

4 People present in court today (*date*): _____ in:

Dept.: _____ Div.: _____ Rm.: _____ Judge: _____

☐ Adopting parents ☐ Lawyer for adopting parents

☐ Child ☐ Child's lawyer

☐ Parent keeping parental rights (*stepparent/state-registered domestic partner name*): _____

☐ Other people present (*list name and relationship to child*):

a. _____

b. _____

If more, attach a sheet of paper, write "ADOPT-215, Item 4" at the top, and list additional names and relationships to child.

Judge will fill out section below.

5 The judge finds that the child (*check all that apply*):

a. ☐ Is 12 or older and agrees to the adoption.

b. ☐ Is under 12.

6 The judge has reviewed the report and other documents and evidence and finds that each adopting parent:

a. Is at least 10 years older than the child

d. Has a suitable home for the child *and*

b. Will treat the child as his or her own

e. Agrees to adopt the child.


c. Will support and care for the child



Your name: _____

- 7 ☐ This case is a relative adoption petitioned under Family Code section 8714.5.
☐ The adopting relative ☐ The child, who is 12 or older has requested that the child's name before adoption be listed on this order under section 8714.5(g).
The child's name before adoption was: _____
- 8 ☐ The child is an Indian child. The judge finds that this adoption meets the placement requirements of the Indian Child Welfare Act and that there is good cause to give preference to these adopting parents. The clerk will fill out 11 below.
- 9 ☐ The judge approves the *Contact After Adoption Agreement* (ADOPT-310)
☐ As submitted ☐ As amended on ADOPT-310
- 10 The judge believes the adoption is in the child's best interest and orders this adoption.
The child's name after adoption will be: _____
The adopting parents and the child are now parent and child under the law, with all the rights and duties of the parent-child relationship.

Date: _____



*Judge (or Judicial Officer)***Clerk will fill out section below.****11 Clerk's Certificate of Mailing**

For the adoption of an Indian child, the Clerk certifies:

I am not a party to this adoption. I placed a filed copy of (*check all that apply*):

- ☐ ADOPT-200, *Adoption Request*
☐ ADOPT-215, *Adoption Order*
☐ ADOPT-220, *Adoption of Indian Child*
☐ ADOPT-310, *Contact After Adoption Agreement*

in a sealed envelope, marked "Confidential," and addressed to:

Chief, Division of Social Services
Bureau of Indian Affairs
1849 C Street, NW
Mail Stop 310-SIB
Washington, DC 20240

The envelope was mailed, with full postage, by U.S. mail from:

Place: _____ on (*date*): _____

Date: _____

Clerk, by: _____, Deputy

ADOPT-220 Adoption of Indian ChildCase Number: ☒ This form is attached to Adoption Request (ADOPT-200).**1** Your name(s) (adopting parent(s)):a. _____
b. _____

Relationship to child: _____

Your address (*skip this if you have a lawyer*):

Street: _____

City: _____ State: _____ Zip: _____

Your phone #: (____) _____

Your lawyer (*if you have one*): (*Name, address, phone #, and State Bar #*):

Federal law says the State courts must send a copy of all adoption orders for an Indian child to the Secretary of the Interior within 30 days. The State court must also send the following information. *Please complete the rest of the form.*

2 Indian child's name: _____

Date of birth: _____ Age: _____

3 Indian child's tribe (or tribe child is eligible for): _____Enrollment #: _____ ☐ Check here if you do not know.
☐ Check here if tribe does not have an enrollment number.**4** Indian child's biological mother (*name*): _____

Address: _____

City: _____ State: _____ Zip: _____

☐ Check here if you do not know.☐ The biological mother attaches her request that her identity remain confidential.**5** Indian child's biological father (*name*): _____

Address: _____

City: _____ State: _____ Zip: _____

☐ Check here if you do not know.☐ The biological father attaches his request that his identity remain confidential.

Your name(s): _____

Case Number:

6 Indian child's biological Indian grandmother(s) (*name(s); include Maiden name(s) if you know them*):

☐ Check here if you do not know.

7 Indian child's biological Indian grandfather(s) (*names*):

☐ Check here if you do not know.

8 Name of any agency with information about this adoption: _____

9 Other people with information about the Indian child's ancestry:

Name

Relationship to Child

a. _____

b. _____

c. _____

10 Parental rights: (*Check all that apply*)

a. ☐ A court ended parental rights on (*date*): _____

b. ☐ Parent(s) voluntarily agreed in writing to end their parental rights.

(1) ☐ ADOPT-225 will be recorded in front of a judge and filed with the court before the adoption hearing on (*date*): _____

(2) ☐ ADOPT-225 was recorded in front of a judge and is attached to ADOPT-200 (Adoption Request).

(3) ☐ ADOPT-225 was signed at least 10 days after the birth date of the Indian child.

c. ☐ A judge has certified that he or she fully explained the terms and consequences of the parent's agreement to end parental rights and that the parent(s) understood.

(1) ☐ This certificate was filed with the court on (*date*): _____; OR

(2) ☐ This certificate is attached to ADOPT-200 or will be filed before the adoption hearing.

11 *Note:* The court will notify the American Indian tribe of the child's adoption.

ADOPT-225**Parent of Indian Child Agrees
to End Parental Rights**

Clerk stamps below when form is filed.

Court name and street address:

Superior Court of California, County of**Case Number:****1** I want my child to be adopted by (name(s)):

- a. _____
b. _____

Their relationship to Indian child: (Check all that apply)

- ☐ Related to child (specify): _____
☐ Members of child's tribe ☐ Indian parents
☐ None of the above

2 The parent(s) in **1** ☐ meet ☐ do not meet the placement preference requirements of the Indian Child Welfare Act.**3** Indian child (name): _____

Date of birth: _____ Age: _____

Child's tribe(s): _____

Enrollment #: _____

☐ Check here if you do not know the enrollment #.**4** Your name: _____☐ Mother ☐ Father (Check only one. Each parent fills out a separate form.)Your address (skip this if you have a lawyer):

City: _____ State: _____ Zip: _____

Phone #: _____ Your tribe(s): _____ Enrollment #: _____

☐ Check here if you do not know the enrollment #.Your lawyer (if you have one): (Name, address, phone #, and State Bar #):

_____**5** I am the parent in **4** and I understand and say:

- a. I agree to give up my parental rights.
b. I agree to the adoption of my child by the parent(s) listed in **1**.
c. I understand what will happen when I sign this form.
d. No one has threatened me or made promises to me to get me to sign this form.
e. I understand that until the judge signs an Adoption Order (ADOPT-215) or an order to end my parental rights, I can change my mind and my child will be returned to me.
f. I want the court to let me know if the adoption is canceled so I can ask the court to give custody of my child back to me. The court will give the custody of my child back to me if the judge decides it is in my child's best interest.
g. I do not give up any of my rights under the Indian Child Welfare Act by signing this form.
h. My child was at least 10 days old when I signed this form.
i. I understand that notice of the adoption request will be sent to any Indian tribe of which my child may be a member or eligible for membership.



Case Number:

Your name: _____

⑥ At the time of signing this form, I do not live and am not domiciled on an Indian reservation.

Date: _____
Type or print your name

► _____
Signature of Indian parent

Judge's Certification

I, Judge _____,
Superior Court of California, County of _____, certify:

- ☐ This form was completed in writing and recorded before me.
- ☐ I fully explained the terms and consequences to (*name of parent*): _____
- ☐ The parent fully understood the terms and consequences.
- ☐ The parent speaks English or used an interpreter at the hearing.

Certified:

Date: _____

► _____
Judge (or Judicial Officer)

☐ Parent ☐ Tribe ☐ Indian Custodian

- ☐ Adoption agency ☐ Adoption service provider

- Telephone number:
E-mail address:

6. Date of next hearing:	Dept:	Time:	Type of hearing:
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- ☐
- Located at above address
- ☐
- Other:

CASE NAME: _____	CASE NUMBER:
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7. UNDER THE INDIAN CHILD WELFARE ACT AND CALIFORNIA LAW:

- a. The biological or adoptive parents, any Indian custodian, and the child's tribe have the right to be present at all hearings.
- b. The biological or adoptive parents, any Indian custodian, and the child's tribe have the right to intervene in the proceedings.
- c. If the parents or custodians have a right to be represented by a lawyer and if they cannot afford to hire one, a lawyer will be appointed for them.
- d. The date, time, and place of the hearing are on the first page of this form.
- e. The recipient of this notice is requested to provide confirmation of the child's Indian status to the social worker or service provider listed in item 5 on page 1.
- f. If all other notices required by law have been provided to an Indian tribe, the Indian tribe receiving the prior notices is encouraged to provide notice to the department of social services and to the licensed adoption agency or adoption service provider no later than five calendar days prior to the date of the final adoption hearing, indicating whether or not it intends to intervene in the proceeding, either on its own behalf or on behalf of a tribal member who is a relative of the child.

8. a. INFORMATION ON CHILD WHO IS THE SUBJECT OF A VOLUNTARY ADOPTION PROCEEDING
(Indicate if any of the information requested below is unknown or nonapplicable.)

Attach any information that might be of assistance in determining the child's Indian status, including names and addresses of extended family members who may have Indian heritage.

<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Father
Name (include maiden, married, and former or aliases):		Name (include maiden, married, and former or aliases):	
Current and former addresses:		Current and former addresses:	
Birthdate and place:		Birthdate and place:	
Tribe, band, and location:		Tribe, band, and location:	
If available, provide enrollment number or BIA/tribal agency:		If available, provide enrollment number or BIA/tribal agency:	
If deceased, date and place of death:		If deceased, date and place of death:	
Additional information:		Additional information:	

CASE NAME: _____	CASE NUMBER:
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8. b. INFORMATION ON CHILD WHO IS THE SUBJECT OF A VOLUNTARY ADOPTION PROCEEDING
(Indicate if any of the information requested below is unknown or nonapplicable.)

<input type="checkbox"/> Maternal <input type="checkbox"/> Grandmother	<input type="checkbox"/> Paternal <input type="checkbox"/> Grandfather	<input type="checkbox"/> Maternal <input type="checkbox"/> Grandmother	<input type="checkbox"/> Paternal <input type="checkbox"/> Grandfather
Name <i>(include maiden, married, and former or aliases):</i>		Name <i>(include maiden, married, and former or aliases):</i>	
Current and former addresses:		Current and former addresses:	
Birthdate and place:		Birthdate and place:	
Tribe, band, and location:		Tribe, band, and location:	
If available, provide enrollment number or BIA/tribal agency:		If available, provide enrollment number or BIA/tribal agency:	
If deceased, date and place of death:		If deceased, date and place of death:	
Additional information:		Additional information:	
<input type="checkbox"/> Maternal <input type="checkbox"/> Grandmother	<input type="checkbox"/> Paternal <input type="checkbox"/> Grandfather	<input type="checkbox"/> Maternal <input type="checkbox"/> Grandmother	<input type="checkbox"/> Paternal <input type="checkbox"/> Grandfather
Name <i>(include maiden, married, and former or aliases):</i>		Name <i>(include maiden, married, and former or aliases):</i>	
Current and former addresses:		Current and former addresses:	
Birthdate and place:		Birthdate and place:	
Tribe, band, and location:		Tribe, band, and location:	
If available, provide enrollment number or BIA/tribal agency:		If available, provide enrollment number or BIA/tribal agency:	
If deceased, date and place of death:		If deceased, date and place of death:	
Additional information:		Additional information:	

CASE NAME: 	CASE NUMBER:
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8. c. INFORMATION ON CHILD WHO IS THE SUBJECT OF VOLUNTARY ADOPTION PROCEEDING
(Indicate if any of the information requested below is unknown or nonapplicable.)

<div style="display: flex; justify-content: space-between;"> <div style="text-align: left;"> <input type="checkbox"/> Maternal <input type="checkbox"/> Great-grandmother </div> <div style="text-align: left;"> <input type="checkbox"/> Paternal <input type="checkbox"/> Great-grandfather </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="text-align: left;"> <input type="checkbox"/> Maternal <input type="checkbox"/> Great-grandmother </div> <div style="text-align: left;"> <input type="checkbox"/> Paternal <input type="checkbox"/> Great-grandfather </div> </div>
Name <i>(include maiden, married, and former or aliases):</i>	Name <i>(include maiden, married, and former or aliases):</i>
Current and former addresses:	Current and former addresses:
Birthdate and place:	Birthdate and place:
Tribe, band, and location:	Tribe, band, and location:
If available, provide enrollment number or BIA/tribal agency:	If available, provide enrollment number or BIA/tribal agency:
If deceased, date and place of death:	If deceased, date and place of death:
Additional information:	Additional information:
<div style="display: flex; justify-content: space-between;"> <div style="text-align: left;"> <input type="checkbox"/> Maternal <input type="checkbox"/> Great-grandmother </div> <div style="text-align: left;"> <input type="checkbox"/> Paternal <input type="checkbox"/> Great-grandfather </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="text-align: left;"> <input type="checkbox"/> Maternal <input type="checkbox"/> Great-grandmother </div> <div style="text-align: left;"> <input type="checkbox"/> Paternal <input type="checkbox"/> Great-grandfather </div> </div>
Name <i>(include maiden, married, and former or aliases):</i>	Name <i>(include maiden, married, and former or aliases):</i>
Current and former addresses:	Current and former addresses:
Birthdate and place:	Birthdate and place:
Tribe, band, and location:	Tribe, band, and location:
If available, provide enrollment number or BIA/tribal agency:	If available, provide enrollment number or BIA/tribal agency:
If deceased, date and place of death:	If deceased, date and place of death:
Additional information:	Additional information:

CASE NAME: 	CASE NUMBER:
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INFORMATION ON CHILD WHO IS THE SUBJECT OF A VOLUNTARY ADOPTION PROCEEDING
(Indicate if any of the information requested below is unknown or nonapplicable.)

9. ☐ Birth father is named on birth certificate. ☐ Unknown
10. ☐ Birth father has acknowledged paternity. ☐ Unknown
11. ☐ There has been a judicial declaration of paternity. ☐ Unknown
12. ☐ Other alleged father (*name each*):

The following optional questions may be helpful in tracing the ancestry of any person alleging Indian descent.

13. Have you or any of members of your family ever:

- a. Attended an Indian school? ☐ Yes ☐ No ☐ Unknown

Name/relationship	Type of school	Dates attended	Location of school

b. Received medical treatment at an Indian health clinic or U.S. Public Health Service hospital?

- ☐ Yes ☐ No ☐ Unknown

Name/relationship	Type of treatment	Dates treatment received	Location where treatment received

c. Lived on federal trust land, a reservation or rancheria, or an allotment? ☐ Yes ☐ No ☐ Unknown

Name/relationship	Name and address	Dates

14. Tribal affiliation and location (*check any that apply*).

- a. ☐ 1906 Final Roll Name of relative: _____

The 1906 Final Roll was prepared by the Dawes Commission. Individuals who allege to be of Chickasaw, Creek, Cherokee, Choctaw, or Seminole ancestry from Oklahoma must provide the name of a relative who is listed on this final roll.

- b. ☐ Roll of 1924 Name of relative: _____

The Roll of 1924 relates to the Eastern Band of Cherokees who were from states other than Oklahoma (such as North Carolina, Georgia, Mississippi, or another southeastern state). Individuals who allege to be of Eastern Cherokee descent must provide the name of a relative listed on the Roll of 1924.

- c. ☐ California Judgment Roll Roll number, if available: _____

CASE NAME: 	CASE NUMBER:
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CERTIFICATE OF MAILING

(To be completed by social worker, probation officer, or clerk of juvenile court)

I certify that a copy of the *Notice of Voluntary Adoption Proceedings for an Indian Child*, with a copy of the adoption petition, was mailed as follows. Each copy was enclosed in an envelope with postage for registered or certified mail, return receipt requested, fully prepaid. The envelopes were addressed to each person, tribe, or bureau as indicated below. Each envelope was sealed and deposited with the United States Postal Service at *(place)*: on *(date)*:

Date:

Title:

Department:

(TYPE OR PRINT NAME)

 _____
(SIGNATURE)

This form and any return receipts must be filed with the court.

List all persons, tribes, or agencies provided notice with the full mailing address *(attach extra sheets if necessary)*:

ADOPT-230 Adoption Expenses

Clerk stamps below when form is filed.

If you are adopting your stepchild or your domestic partner's child, do not fill out this form.

1 Your name(s) (adopting parent(s)):

a. _____

b. _____

Relationship to child: _____

Your address (skip this if you have a lawyer):

Street: _____

City: _____ State: _____ Zip: _____

Your phone #: (_____) _____

Your lawyer (if you have one): (Name, address, phone #, and State Bar #):

2 Name of child after adoption:

3 List services you obtained related to the adoption of the child listed in 2.

Service	Name and Address of Service Provider	How Much Paid or Value of Service	Payment Date
a. Hospital	_____ _____	\$ _____	_____
b. Prenatal care	_____ _____	\$ _____	_____
c. Legal fees	_____ _____	\$ _____	_____
d. Adoption agency fee	_____ _____	\$ _____	_____
e. Transportation	_____ _____	\$ _____	_____
f. Adoption facilitator fees	_____ _____	\$ _____	_____

Court name and street address:

Superior Court of California, County of

Case Number:



Your name(s): _____

Case Number: _____

Service	Name and Address of Service Provider	How Much Paid or Value of Service	Payment Date
g. Counseling fees	_____ _____	\$ _____	_____
h. Adoption service provider	_____ _____	\$ _____	_____
i. Pregnancy expenses	_____ _____	\$ _____	_____
j. Court filing fees and fingerprinting fees	_____ _____	\$ _____	_____
k. Other	_____ _____	\$ _____	_____

If you need more space, attach a sheet of paper and write "ADOPT-230, Item 3—Payment for Services" at the top.

Number of pages attached: _____

4 I declare under penalty of perjury under the laws of the State of California that I have listed all payments (or anything of value) that I have paid or agreed to pay, or that were paid on my behalf, related to the child I want to adopt. I declare under penalty of perjury under the laws of the State of California that the information in this form is true and correct, which means that if I lie on this form, I am guilty of a crime.

Date: _____	_____	➤ _____
	<i>Type or print your name</i>	<i>Signature of Adopting Parent</i>

Date: _____	_____	➤ _____
	<i>Type or print your name</i>	<i>Signature of Adopting Parent</i>

Clerk stamps below when form is filed.

Court name and street address:

Superior Court of California, County of

Case Number:

1 Your name(s) (adopting parent(s)):

- a. _____
b. _____

Relationship to child: _____

Your address (skip this if you have a lawyer):

Street: _____

City: _____ State: _____ Zip: _____

Your phone #: (_____) _____

Your lawyer (if you have one): (Name, address, phone #, and State Bar #):

2 Information about the child:

- a. Child's name (after adoption): _____
b. Date of birth: _____ Age: _____
c. Is the child a dependent of Juvenile Court? ☐ No ☐ Yes
If yes, Juvenile Court and Juvenile Case number:
County: _____ Case #: _____

d. If the child has a lawyer, fill out below. If Item 2c is yes, child must have a lawyer (Fam. Code, § 8714.7).

Name of child's lawyer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: (_____) _____ State Bar #: _____

3 The people below agree with the parent(s) in 1 about contact with the child after adoption. If the agreement is confidential, write "Confidential" instead of the person's name.

If other relatives, attach a sheet of paper. Write "ADOPT-310, Item 3—Other Relatives" at the top.

Name	Relationship to Child	Type of Contact (circle all that apply):					
		Telephone	Letter	Visits	Share Info	E-mail	Other*
a.							
b.							
c.							
d.							
e.							
f.							
g.							

*Explain type of contact on a sheet of paper. Write "ADOPT-310, Item 3—Other Types of Contact" at the top.

Number of pages attached: _____

Your name(s): _____

Case Number: _____

4 If you have a signed, written agreement about Contact After Adoption, attach a copy.

Number of pages attached: _____

5 The parties have discussed the reasons for the continued contact between the child and the specified relatives in view of the best interest of the child.

Notice

After the judge grants the Adoption Request and approves this agreement, the adoption is still valid.

It can never be canceled or changed even if one of the people signing this agreement:

- Does not follow this agreement *and/or*
- Files ADOPT-315 (to change, end, or enforce this agreement)

When the adopted child turns 18, he or she can undo all or part of this agreement.

6 Everyone involved in this agreement must sign below (including the child, if 12 or older, and the child's attorney).

Date: _____
Type or print your name and relationship to child



Sign your name

Date: _____
Type or print your name and relationship to child



Sign your name

Date: _____
Type or print your name and relationship to child



Sign your name

Date: _____
Type or print your name and relationship to child



Sign your name

Date: _____
Type or print your name and relationship to child



Sign your name

Date: _____
Type or print your name and relationship to child



Sign your name

If more relatives need to sign, attach a sheet of paper. Write "ADOPT-310, Item 6—Signatures of Other Relatives," at the top.

Number of pages attached: _____

Date: _____



Judge (or Judicial Officer)

ADOPT-315**Request to: Enforce, Change, End
Contact After Adoption Agreement**

Clerk stamps below when form is filed.

Court name and street address:

Superior Court of California, County of**Case Number:****1** Your name(s) (adopting parent(s)):

a. _____

b. _____

Relationship to child: _____

Your address (*skip this if you have a lawyer*):

Street: _____

City: _____ State: _____ Zip: _____

Your phone #: (_____) _____

Your lawyer (*if you have one*): (*Name, address, phone #, and State Bar #*):

2 Child's name (*if known*): _____Child's adopted name (*if known*): _____

Date of birth: _____ Age: _____

3 I/We want to (*check one*): ☐ Enforce ☐ Change ☐ End
an existing Contact After Adoption Agreement.**The judge will not look at your request unless you and the other people who signed ADOPT-310 first try to come to an agreement using mediation or some other form of dispute resolution.****4** List all people who signed the original Contact After Adoption Agreement (ADOPT-310).
If the agreement was confidential, write "Confidential" instead of the person's name.

Name/Relationship to child:

a. _____

b. _____

c. _____

d. _____

Notice to people listed in ④ who are served with this form:

- The adoption of the child named in ② is still valid.
- The adoption can never be canceled or changed.
- If you disagree with this form, you must file ADOPT-320 within 30 days after receiving this form.



Your name(s): _____

5 *Attach to this request:*

- A copy of ADOPT-310 (Contact After Adoption Agreement)
- A copy of the signed, written agreement about Contact After Adoption, if there is one
- Proof of Service showing this form was served to each person in **4**, along with a blank answer form (ADOPT-320)

6 *If any person in **4** was not served, you must explain in writing why he or she was not served. Attach a sheet of paper and write "ADOPT-315, Item 6" at the top.**Check below, if true:*

- a. ☐ I do not know the names of the other people who signed the original Contact After Adoption Agreement, so I could not serve them.
- b. ☐ The other people who signed the original Contact After Adoption Agreement (ADOPT-310) agree with what I am asking in this request and have signed ADOPT-320.

7 Remember: The judge will not look at your request until all people who signed ADOPT-310 have tried to come to an agreement using mediation or other form of dispute resolution.**8** *Check one of the boxes below:***I/We ask the court to:**

- a. ☐ Enforce ADOPT-310. *Explain how the original agreement has not been followed:*

If you need more space, attach a sheet of paper and write "ADOPT-315, Item 8—Enforce 310" at the top.

- b. ☐ Change ADOPT-310. *Describe the changes you want and how these changes will be good for the child:*

If you need more space, attach a sheet of paper and write "ADOPT-315, Item 8—Change 310" at the top.

- c. ☐ End ADOPT-310. *Explain why you want to end the agreement and how ending the agreement will be good for the child:*

If you need more space, attach a sheet of paper and write "ADOPT-315, Item 8—End 310" at the top.

Number of pages attached: _____

9 I/We declare under penalty of perjury under the laws of the State of California that the information in this form is true and correct, which means if I lie on this form, I am guilty of a crime.Date: _____  _____
Type or print your name *Sign your name*Date: _____  _____
Type or print your name *Sign your name*

**Answer to Request to: Enforce,
Change, End Contact After
Adoption Agreement**

Clerk stamps below when form is filed.

Court name and street address:

Superior Court of California, County of**Case Number:****1** This is my answer to the request to (*check one*):☐ Enforce ☐ Change ☐ End

an existing Contact After Adoption Agreement.

a. Name(s) of person who filed ADOPT-315 and his or her
relationship to child: _____

b. I received a copy of the signed, written agreement, ADOPT-310.

2 Your name(s):

a. _____

b. _____

Relationship to child: _____

Your address (*skip this if you have a lawyer*):

Street: _____

City: _____ State: _____ Zip: _____

Your phone #: (_____) _____

Your lawyer (*if you have one*): (Name, address, phone #, and State Bar #):_____

_____**3** Child's adopted name (*if you know*): _____

Date of birth: _____ Age: _____

Date of adoption (*if you know*): _____**4** Check all that apply:a. ☐ I agree with the requests listed in ADOPT-315 and think the requests are in the child's best interest.b. ☐ I do not agree with the requests in ADOPT-315 because:_____

_____*If you need more space, attach a sheet of paper and write "ADOPT-320, Item 4—Do Not Agree With 315" at the top.*

Number of pages attached: _____

Date: _____

Type or print your name*Sign your name*

Date: _____

Type or print your name*Sign your name*

**Judge's Order to:
Enforce, Change, End
Contact After Adoption Agreement**

Clerk stamps below when form is filed.

Court name and street address:

Superior Court of California, County of**Case Number:****1** Your name(s) (person(s) who asked for this order):

a. _____

b. _____

Your address (*skip this if you have a lawyer*):

Street: _____

City: _____ State: _____ Zip: _____

Your phone #: (_____) _____

Your lawyer (*if you have one*): (*Name, address, phone #, and State Bar #*):

2 Adopted child's name:

Date of birth: _____ Age: _____

3 People present in court today (*date*): _____ in:

Dept.: _____ Div.: _____ Rm.: _____

Judge: _____

☐ Adopting parent(s) ☐ Lawyer for adopting parent(s) ☐ Child ☐ Child's lawyer☐ Parent keeping parental rights (stepparent/domestic partner): _____☐ Other people present (*list name and relationship to child*):

a. _____ c. _____

b. _____ d. _____

☐ Not present: _____**Judge will fill out section below.****4** The judge has reviewed:☐ ADOPT- 310 ☐ ADOPT-315 ☐ ADOPT-320 ☐ Other evidence ☐ Testimony

All people listed in ADOPT-315 have tried to come to an agreement using mediation or some other form of dispute resolution. (Fam. Code, § 8714.7.)

5 ☐ **Enforcement****The judge finds and orders:**a. ☐ The Contact After Adoption Agreement is a legally enforceable agreement.b. ☐ The Contact After Adoption Agreement is not enforced because:(1) ☐ The person who asked the judge to enforce the Agreement has not tried to solve the problem using mediation or similar method.(2) ☐ Enforcing the agreement is not in the child's best interest.(3) ☐ Other: _____

Your name(s): _____

Case Number: _____

Judge will fill out section below.

6 ☐ Change or End the Agreement

- a. ☐ The judge **approves** the request to ☐ change ☐ end the Contact After Adoption Agreement because:
- (1) ☐ All people involved, including the child (if 12 or older), agreed in writing with the requests listed in ADOPT-315
 - (2) ☐ It is in the best interest of the child
 - (3) ☐ There have been important changes since the original agreement was approved *and*
 - (4) ☐ The applicant has participated, or tried to participate, in ways to solve the problem, such as mediation
- b. ☐ The judge **does not approve** the request to ☐ change ☐ end the Contact After Adoption Agreement because:
- (1) ☐ It is not in the best interest of the child
 - (2) ☐ No important changes have happened since the original agreement was approved
 - (3) ☐ The applicant has not tried to participate in ways to solve the problem, such as mediation
- c. ☐ The judge **approves** the request to ☐ change ☐ end the Contact After Adoption Agreement as amended. A new ADOPT-310 will be filed.

7 ☐ More Time to Study or Evaluate

- a. ☐ The judge needs more time to make a decision.
- b. ☐ The judge orders further study or evaluation of the issues in the request because there is clear and convincing evidence that:
- (1) ☐ It is the only way to protect or promote the child's best interest *and*
 - (2) ☐ It will not disturb the stability of the child's home
- c. ☐ The study or evaluation must look at the following:
- (1) ☐ If the requests in ADOPT-315 will benefit the child
 - (2) ☐ The child's wishes
 - (3) ☐ The child's mental health
 - (4) ☐ Other: _____
- d. ☐ The study or evaluation will be done by (*individual or agency*): _____
The people involved must cooperate with this individual or agency.
- e. ☐ The cost of the study or evaluation and written report will be paid by:
Name(s) of person to pay: _____
Relationship to child: _____
- f. ☐ The judge and all people involved in this case will get a complete report by (*date*): _____
- g. ☐ The judge will review the report and make a decision by: _____
- h. ☐ The people involved in this case must return to court on (*date*): _____
at (*time*): _____ ☐ a.m. ☐ p.m.

Date: _____



Judge (or Judicial Officer)